

Indiana State Department of Health

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 013332	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING: _____	(X3) DATE SURVEY COMPLETED C 12/03/2015
NAME OF PROVIDER OR SUPPLIER VILLAGES AT OAK RIDGE, THE		STREET ADDRESS, CITY, STATE, ZIP CODE 1694 TROY ROAD WASHINGTON, IN 47501		
(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETE DATE
R 000	<p>INITIAL COMMENTS</p> <p>This visit was for the Investigation of Complaint IN00183433.</p> <p>Complaint IN00183433 - Substantiated no deficiencies related to the allegations are cited.</p> <p>Survey date: December 3, 2015</p> <p>Facility number: 013332 Provider number: 155837 AIM number: 201305040</p> <p>Census bed type: SNF: 14 SNF/NF: 7 Residential: 16 Total: 37</p> <p>Census payor type: Medicare: 14 Medicaid: 7 Total: 21</p> <p>Sample: 3</p> <p>The Villages at Oak Ridge was found to be in compliance with 410 IAC 16.2-5 in regard to the Investigation of Complaint IN00183433.</p> <p>Quality review completed by #02748 on December 8, 2015.</p>	R 000		

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LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE

TITLE

(X6) DATE